



Sleep Out for the Homeless

Participant Registration Form

WHEN: October 21 and 22, 2017

TIME: Saturday - Begins at 2:00pm with Poverty Simulation
Sunday - Ends after the 9:00am Mass

WHERE: St. Catherine of Siena Parish Grounds
309 Siena Dr.
Ithaca, NY 14850
(607)257-2493

COST: \$50 Fee
Covers the cost of the T-shirt, Food, Supplies for Evening
\$25 of the cost will be donated to a local homeless shelter in Ithaca.
Checks payable to St. Catherine of Siena

Teen's Name: _____ Home Phone: _____

Address: _____

City, State, Zip: _____

School: _____ Grade: _____ Age: _____

Gender: Male Female Any Dietary/Allergy Restrictions? _____

Parent(s) Name(s): _____

Parent(s) E-mail: _____ Parent(s) Cell Phone: _____

Participant T-Shirt Size (adult sizes): Small Medium Large X-Large XXL

*This form must be completed, along with the Guidelines/Liability form, and returned with the registration fee to St. Catherine of Siena or Ashley Blank by
Tuesday, October 10.*

Office Use Only				
Paid?	No	Yes	Cash	Check # _____



Sleep Out for the Homeless

Participant Guidelines & Liability Release Form October 21/22, 2017

I, _____, wish to participate in the St. Catherine of Siena Church Sleep-Out for the Homeless on October 21st and 22nd, 2017. I understand that my acceptance of the guidelines outlined below and my signature on this release form is required to participate in the event.

Event Guidelines

To ensure that St. Catherine of Siena's Sleep-Out for the Homeless remains a "youth-friendly" event, I agree to the following:

- In order to participate in the event, I understand that I must raise \$50 that will be donated to a local shelter in Ithaca.
- During the Sleep-Out, I will not use alcohol, tobacco or illegal drugs. (This is a non-smoking event!)
- No weapons of any kind are allowed at the Sleep-Out.
- Discourtesy or rudeness (including abusive language) to a fellow participant, staff member, chaperone, or youth leader will not be used.
- I understand the use of cell phones or other electronic devices will not be permitted during the event unless permission has been given by a chaperone, staff member, or youth leader.
- I will not engage in physical altercations (violence) or sexual activity with any Sleep-Out participants during the event.

I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this event. I agree to abide by any decision made by an event chaperone or leader regarding my ability to complete this safely and further agree that event chaperones or leaders may authorize necessary emergency treatment for me in the event of any illness or injury. I am aware that if I do not follow through with any of the guidelines listed above, I will be sent home from immediately.

Liability Waiver/Photo Release

I understand that this event involves sleeping outdoors with minimal shelter, and that weather conditions may make participating in this event challenging and uncomfortable. I understand that this experience is meant as a reflective, prayerful exercise to raise awareness of homelessness in my community. If I am injured as a participant of the event, I agree to assume all risks and responsibilities for those injuries. Furthermore, I do hereby hold harmless and release from responsibility: St. Catherine of Siena Church, staff and volunteers, for any injury to myself, be it self-inflicted or the result of others, while a participant in the Sleep-Out.

I understand and agree that photographs of the St. Catherine of Siena Sleep-Out participants may be used in publications, websites, or other materials produced from time to time by St. Catherine of Siena Church (Participants would not be identified, however, without specific written consent).

By signing below: I am affirming that I am in grades 8-12 and a member of St. Catherine of Siena parish. I have carefully read this form and fully understand its contents; I am aware that this is a RELEASE OF LIABILITY and a contract between me and the entity listed above, which I accept of my own free will.

[PLEASE PRINT CLEARLY BELOW]

Last Name

First Name

Grade

Participant Signature

Date

Parent Signature (required as participants are minors)

Date